THE

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 2, 1884.

Original.

LUMBAGO: ITS CAUSES AND TREATMENT.

BY L. S. OPPENHEIMER, M. D.

By *lumbago* we commonly refer to a rheumatic affection of the lumbar muscles. It is a useful term, because we may hide under its kindly and aristocratic cloak a multitude of *trau*matic, *rheu*matic, kidney and other sins. This paper intends, in a very short way, to stand under the scientific shade of this mantle. That is, it shall deal with it as a sub-acute and chronic state, making itself known by pain in the lumbar muscles.

Lumbago is to be differentiated from nephritis, hyperemic kidney, and disorders of the female generative organs.

In nephritis we will discover albuminuria from the beginning of the disease. Hyperemic kidney demands closer investigation; it usually gives rise to backache, sometimes of great severity and accompanied by bladder irritability. An examination of the urine should never be neglected when such symptoms present themselves. There is still an impression among many practitioners that the absence of tube casts and albumen proves the non-existence of renal disorders. In hyperemic kidney tube casts are commonly absent, and albumen may only be present at certain times, intermittency being the rule. The microscope will reveal some renal epithelium, a few blood corpuscles, and white cells.

Lumbago is readily diagnosed by exclusion. Most of such cases are probably due to catching cold (rheumatism). Others are due to straining in lifting heavy weights or to traumatism. Obscurity in the origin of the lumbago is of such common occurrence that the following explanation of many of such cases seems very applicable to this point:

Dr. Turle, in the British Medical Journal, 1881, makes this suggestion (Louisville Medical News, 1881): "Let any one on a cool night *when warm* in a bed, in which he has not been tucked up after getting in, place his hand (still under the bed clothes) at that part of the edge of the bed which is on a level with the small of his back. He will feel a very cold current of air rushing in to supply the place of that which is being expelled more gently upward (relatively to the head) by the warmth of his body. The back is often near enough to the edge of the bed for the cold air current to chill the lumbar muscles, and so to produce in them that temporary rheumatic stiffness and pain in the morning."

The back is, as all know, peculiarly sensitive to heat changes; and during sleep the body is in a most favorable condition for powerful impressions to be made upon it. The organs are in a passive state, and although slow enough to receive, are still slower to cast off any subtile influence. Thus is it highly probable that this current of cold air, in rushing against the back, may be responsible for some grave forms of acute and chronic nephritis.

That this neglect in tucking in the bed clothing is a "most frequent cause of backache can be proved by the certainty with which protection of the back from cold during the night prevents the recurrence of any trace of the pain."

Another source of lumbar rheumatism is the habit of sitting too long in out door privies during cold weather, chilling the back, and ofttimes giving rise to serious pelvic inflammations in women. Some of these troubles can be accounted for in no other manner. Women should be instructed in these and like matters, because a knowledge of hygiene and physiology is far more essential to woman's enjoyment of life than to man's.

Strained back from lifting, or from labor requiring continuous bending of the body, is likely to be underestimated, and may give rise to permanent weakness of the lumbar muscles.

Traumatism of the lumbar muscles or of the vertebræ is frequently diagnosed and treated as lumbago. Closer investigation is demanded in all such cases.

Obstinate constipation will often give rise to most persistent backache—a mild cathartic should be given and continued for a good length of time.

The treatment of lumbago, as practiced by the writer for the past eight years, is mainly of a local character, and no other treatment has seemed to give as good results. The best results are obtained by mild counter-irritants, dry cups, and dry heat. Counter-irritation, although a most useful remedy for this ailment, should never be excessive, but should be mild and continuous. For this purpose turpentine, mustard, camphor, and capsicum are most applicable, and in severe cases these may be preceded by hop poultices or dry heat. The turpentine may be sprinkled on a piece of flannel that has just been wrung out of hot water and quickly applied to the back. Camphor and capsicum may be added to the turpentine.

Chronic localized lumbago of traumatic origin is often relieved by systematic painting with tincture of iodine.

These measures of treatment are especially applicable to chronic cases. In acute lumbago, when the pain is excessive, I have used a fly-blister with good effect, though I regard morphia as the remedy above all others.

Many acute cases may be relieved by almost any rational treatment; with ten grains of quinine given every four hours I have often cut short a most severe attack.

For chronic sufferers the writer has advised the continuous wearing of a flannel *pad*, made large enough to cover the whole lumbar region thoroughly with double thickness of flannel; between the flannel layers is sprinkled powdered mustard and capsicum and tincture of camphor. This may be renewed from time to time. The pad is worn next the skin, and is retained in position by fastening to the undershirt with safety-pins or suspended from the shoulders by means of tapes.

Dry cupping once or twice a week is very often followed by remarkable success. From three to five cups are applied on each side of the spine, and allowed to remain from five to twenty minutes. The writer has treated quite a number of lumbago cases successfully with this method alone, after diuretics, etc., had been used for a long time without effect.

Where a decided rheumatic tendency exists, the administration of small and frequently-repeated doses of salicylate of soda, as first suggested to me by Dr. E. R. Palmer of Louisville, several years ago, has been of decided value.

In all severe cases of lumbago and sprained back absolute rest is imperative. The patient should be put to bed and kept warm and comfortable.

Not infrequently, in very mild cases, the use of belladonna and porous plaster, or the so-called capsine plasters, is followed by relief. If, however, the benefit is not experienced at once they are worthless and should be cast aside. Plasters of the former kind at least do not cure, they are merely palliative.

An excellent mode of treating *weak back* is by cold-water sponging every morning. The person may begin the plan with lukewarm water, gradually lowering the temperature from day to day. It is essential in treating all cases of chronic lumbago to keep the back very warm.

A mild diuretic may be given for its moral effect in most of these cases; it is not otherwise essential in the sub-acute and chronic forms of the disease; but in acute cases diuretics are often of great service.

If a traumatic origin of the lumbago can be discovered, there will usually be found a circumscribed spot of extreme tenderness over the spinal vertebræ or the muscles themselves, and the application of a stimulating liniment or nightly painting with iodine will as a rule remove the trouble in course of a few weeks.

SEYMOUR, IND.

TREATMENT OF ULCERS BY THE SUBCARBONATE OF IRON.—Dr. Maison regards subcarbonate of iron as the best remedy for the local treatment of ulcers of various kinds, even those of syphilitic origin. The mode of application is as follows: The surface of the ulcer is first washed with carbolized water and then dusted thickly with powdered subcarbonate of iron, and over this is put a starch poultice. The dressing is usually changed twice a day. The healing process is very rapid, and has even taken place in ulcers which were rebellious to treatment by iodoform.—*Medical Record.*

Miscellany.

LOUISVILLE MEDICAL COLLEGE.—We clip the following editorial note from the Pacific Medical and Surgical Journal: "The Louisville Medical College is a most irregular regular school. The means taken by it to get students are no better than the tricks of Buchanan. Its graduates are refused licenses by several Examining Boards, and will be refused by all as soon as the character of the school shall have been fully exposed. Prof. Briggs, Dean of the University of Nashville, publishes a letter received by him, of which here is a copy: 'Professor Brigs, dean of the University of Nashville. the Louisville Medical College offers to take four students for fifty Dollars, What is the best terms your skool kin give us pleas reply sune and I remain yours truly,———.' The Louisville Medical News, the editor of which knows all about what he terms 'this misguided school,' publishes a letter which issued directly from a representative of the school, and adds: 'It needs no comment, for it speaks in trumpet tones—may we not say without being unparliamentary, in strumpet tones.'"

INTESTINAL OBSTRUCTION.—Dr. Thomas, before the Sheffield Medico-Chirurgical Society, November 22, 1882, first related two cases of obstruction from impacted feces, and then brought some particulars forward to illustrate the value of kneading in such cases. The first, a man, aged thirty-six, had a swelling between the spleen and iliac region, measuring three to four inches wide, and five inches long. It was hard, irregular, and movable. There was vomiting, not stercoraceous; obstinate constipation; the bowels had not been moved for six weeks. Impaction of the feces was diagnosed. A strong purgative, gruel injections, and castor oil were administered with effect. Kneading of the tumor was then resorted to, especially at its lower part; the injections were continued; in four days the swelling had disappeared. Dr. Thomas stated that the sound of the moving feces was heard with the stethoscope. He referred to another case in a young married lady, in which kneading equally proved of service, and he raised the question as to the cases in which friction was allowable. A third case was related of obstruction, with stercoraceous vomiting, in which death resulted at the end of a week. At the post-mortem examination the sigmoid flexure was found bent on itself at an acute angle. This, with a fold of gut, at once completely closed the canal. Dr. Thomas then related particulars of a patient, aged thirty-five, who had had obstruction, with stercoraceous vomiting, for three days, when admitted into the public hospital. After admission, he vomited some food he had taken before leaving his home, but was afterward easy, and had no vomiting until the next afternoon. Then the stercoraceous vomiting commenced again; and, after a consultation with his surgical colleagues, Mr. Thorpe opened the abdomen in the median line, under strict antiseptic precautions. A strong band of lymph was found stretching across the ileum, an inch from the ileo-cecal valve. This was severed, but the patient died in an hour after the operation.—*British Medical Journal.*

THE Weekly Drug News and American Pharmacist gives the following summary of the New York State Penal Code, so far as it relates to druggists:

Prescription. No person shall prepare a medical prescription unless he has served two years' apprenticeship in a drug-store, or is a graduate of a medical college or college of pharmacy, nor shall any proprietor permit any person not possessing such qualifications to prepare a medical prescription in his store, unless under his supervision.

Labels. It is a misdemeanor for any person to omit to label, or willfully, or through ignorance, put any untrue label upon drugs or put upon any thing a false description or mark respecting the number, quality, weight, or measure; or to sell or offer for sale an article which to his knowledge is in any way falsely represented.

"*Selling poison without label.* A person who sells, gives away, or disposes of any poison or poisonous substance (except upon the order or prescription of a regularly authorized practicing physician), without attaching to the vial, box, or parcel containing such poisonous substance a label with the name and residence of such person, the word "poison," and the name of such poison, all written or printed thereon in plain and legible characters, is guilty of a misdemeanor."

Record. There must be recorded in a book kept for that purpose the names and residences of all persons to whom poisons have been sold, together with the kind and quantity of such poison and the name of

some person known to such dealer as a witness to the transaction, except upon the prescription of some practicing physician, to which prescription the physician's name shall be attached. A refusal on the part of the druggist to allow any person to inspect such book is punishable by a fine not exceeding fifty dollars.

Adulteration. It is a misdemeanor to adulterate or dilute any drug, medicine, food, or drink for man or beast, or, knowing the same to be adulterated, to offer for sale or sell as unadulterated or undiluted without informing the purchaser of such fact.

Indecent Articles. It is also a misdemeanor to sell, lend, give away, or exhibit any instrument or article or any drug or medicine for prevention of *conception*, or for causing an unlawful abortion, or in any way to give information stating where or how such article or medicine can be purchased or obtained.

Imitations of any articles, without disclosing the imitations by a suitable mark or brand; using or keeping false weights, and concealing foreign matter in merchandise, are crimes punishable by fines.

Intoxication and ignorance of the law do not excuse any one. Insanity must be proven.

DETROIT VIEWS ON ADULTERATION OF DRUGS.—The Detroit Free Press recently published the following note:

A druggist in Paris has been sentenced to a year's imprisonment, to pay a fine of 1,000 francs, and to have his name published in twelve political and professional papers. Should he ever reopen his store, a sign is to be affixed reading: "Sentenced for adulterating sulphate of quinine." Should such a penalty be inflicted for the offenses in this country the penitentiaries would be crowded; the public treasuries running over with funds from fines, while the newspapers and job printing offices would flourish on the advertisements and placards alone.

Having been remonstrated with by a committee from the Detroit Pharmaceutical Society, who regarded the above as slandering the profession, the subjoined paragraph appeared in a subsequent issue:

Members of the Detroit Pharmaceutical Society say that the intimation in the Free Press of Thursday that the adulteration of drugs was a very common practice in this country is certainly without warrant so far as the druggists of Detroit are concerned, and that the same remark can be made with reference to druggists generally. They admit regretfully that, as there are black sheep in every flock, so there are here and there pharmacists unworthy of an honorable and important profession, who adulterate drugs, but they are in an insignificant minority. The Detroit pharmacists say, further, that there never was a time in this country when so much pains were taken as now to see that drugs were pure, and that one of the chief aims of their society was to insure even further improvements in this regard. With this aim the Free Press is in hearty sympathy, and it is glad to record the promptness with which Detroit druggists proclaim their willingness to stand by the purity of the drugs which they dispense.—*Weekly Drug News, etc.*

A POINT IN PROGNOSIS.—B. E. Hadra, of San Antonio, Texas, writes the following to the American Journal of Obstetrics. He claims that no mention is made of the phenomenon in any text-book of medicine:

There is a phenomenon presenting itself in some diseases of children, which seems to me to be of more importance in connection with prognosis than is generally known. In exhaustive diseases, such as diarrhea, typhoid fever, and others, after having for days persistently refused nourishment, the child suddenly swallows with avidity whatever is offered, food or medicine indiscriminately. Even quinine will be taken as readily as sugar. Such an occurrence is generally hailed with delight by the interested bystanders, but in reality it is a very untoward symptom. In my experience it frequently warrants an unfavorable prognosis. An explanation of this sudden change may, perhaps, be found in the cessation of cerebral function through the want of nutrition or of stimulation.

Combined with this behavior is often found the Cheyne-Stokes breathing, and this coincidence goes far to support the above explanation, as this respiratory disorder has been traced also to the want of stimulation of the respiratory centers.

A LONG CORD.—At a recent confinement we found, at the delivery of the child, that the cord was wound around the neck five times. After its release, on measurement, we found it to be forty-nine inches long. Rather a phenomenal length in our experience.—*New England Medical Monthly.*

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H. A. COTTELL, M.D., - - - - - - - }

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PTOMAINES.

Perhaps the most remarkable of recent discoveries in chemistry are certain substances resembling closely the vegetable alkaloids, to which the name "ptomaines" has been given by Selmi as indicative of their cadaveric origin. Though these substances have been frequently alluded to in medical and other scientific journals, mentioned in recent editions of standard works on chemistry, and made to figure quite effectively to the confusion of experts in certain trials for murder, they have till quite recently been scarcely more than a name.

A satisfactory survey of the work done by various chemists in this line of research, by R. N. Wolfender, B. A., M. B., Cantab., is published in a recent number of the London Lancet, from which it would appear that ptomaines are likely to play an important part in the physiological, pathological, and medico-legal investigations of the future.

After a description of the general character of ptomaines, from which it appears that some are innocuous, others energetic poisons, and that they answer to nearly the same reactions as the vegetable alkaloids, their physiological properties being their only distinguishing characteristics, the author considers them under three heads: (1) As constituents of normal tissues; (2) their presence under certain pathological conditions; and (3) as a cadaveric or artificial production.

Physiologically they are the result of tissue metamorphosis, and have been found in fresh (human) saliva, in snake poison, and in normal urine. From twenty or thirty cubic centimeters (less than an ounce) of saliva, a poisonous substance has been obtained in sufficient amount to reduce ferrocyanide of potassium with a few drops of ferric chloride, forming Prussian blue, and to kill a frog in a short time when injected into his thigh.

From the urine a substance with decided alkaloidal reactions and of very poisonous properties was found by Gautier, while snake poison it would appear, upon the same authority, has been found to "differ from human saliva only in the intensity of its action."

In certain Pathological conditions, recent observations of Selmi's on what he calls pathological bases would seem to show: (*a*) In urine of patients suffering from progressive paralysis there are two volatile bases, the one like nicotin, the other like coniin. (*b*) In urine voided during interstitial pneumonia were two alkaloidal bases, one having the odor of stinking fish, the other of ammonia. (*c*) Two similar bases were found in the urine of patients with abdominal typhus. (*d*) In tetanus a base like coniin was discovered in the urine. (*e*) In the urine of "miliary fever" an alkaloidal base having the odor of stinking fish has been observed.

As a cadaveric or artificial production: There can be no further doubt that these bodies are largely produced in the process of decomposition of nitrogenous or proteid tissues. Since Selmi first described their production his facts have been abundantly confirmed and extended. There are many varieties of them, and they vary much in their nature, according as the length of time after death is long or short. They are, however, of slow production naturally, a point referred to before, and to be borne in mind in conducting medico-legal inquiries. Stinking fish, bad meat, etc., all contain poisonous principles which can be extracted after the manner of ptomaines. The gastro-intestinal irritation and profound toxic symptoms produced by the ingestion of bad food are probably at the bottom processes of alkaloidal poisoning. It is even probable that many so-called

uremic phenomena are produced by the retention within the body of these alkaloidal poisons; and, further, that the products of gastric digestion contain poisonous properties which, imperfectly excreted, may become toxic. There is a statement by Balduino Bocci that normal urine, especially after meal-times, if injected into frogs destroys them rapidly. The observations of Gautier that an alkaloid of highly poisonous nature is to be obtained from normal human urine is of importance with reference to this point.

Both from freshly prepared peptone made by the action of gastric juice on pure fibrin, and from stinking peptone by boiling with caustic soda, evaporating, extracting, and purifying, toxic alkaloids can be obtained which kill frogs and rabbits in a few minutes. Putrefying casein, brain substance, liver, and muscle also yield these products. I have confirmed the observations of others as to the production of these substances, and I have also confirmed the statement of Gautier as to *the production of a toxic principle from ordinary fresh saliva, which are very destructive to small animals.* The extension of these observations to the investigation of snake poison and the salivary poisons of certain animals in the pathological state (rabies, etc.), becomes of extreme import. The investigations of Weir Mitchell on the production of snake-poison are of extreme interest in connection with this point, indicating, as they do, the discovery of three toxic principles in serpent's venom, the one resembling a peptone, the other a globulin, and the third serum albumen.

The ptomaines so far described are: (1) Ptomaines, like atropin and hyosciamine, crystalline, which dilate the pupil and accelerate the heart, obtained from putrescent albuminous fluids. (2) An alkaloid from decomposing yeast (Schmeideberg and Bergmann) which the authors call sepsin, and which resembles strychnia. (3) An alkaloid resembling morphia in its tests, but not in its physiological properties (Selmi). (4) One agreeing with delphinin, and which by warming with phosphoric acid gives a red color. It does not agree physiologically. (5) One resembling strychnia in its behavior toward sulphuric acid and potash bichromate, but not causing tetanus (Ciotto). (6) Alkaloids like muscarin (Gautier, Brieger, etc.). (7) Alkaloids like coniin, colorless, leaving a sharp taste like tobacco, and consisting of a poisonous and non-poisonous moiety, one part volatile the other non-volatile; one soluble and precipitated by warmth, like coniin, the other not. (8) Alkaloids resembling parvolin and hydrocollidin (Gautier and Stard), and one like collidin (Neucki.)

The author sums up his conclusions as follows:

1. There are developed in the body, post-mortem, poisons of an alkaloidal character, and which can be obtained also by decomposition of albumen peptone, casein, muscle, brain, etc. Moreover, they seem to be present in some normal secretions (saliva and urine).

2. These cadaveric alkaloids may be mistaken, post-mortem, for vegetal poisons administered with evil intent, but if the body be examined within from twenty-four to forty-eight hours after death, any alkaloid there found would be strong presumptive evidence of poison, and not ptomaine. After a couple of days it may be a matter of doubt.

3. There is no satisfactory test surely indicating the presence of ptomaine. Physiological characters must be taken in conjunction with chemical tests.

4. Probably the production of ptomaines within the living body may be the pathological cause of many obscure conditions, especially those following on poisoning by bad food, such as stale fish, etc.

Several of the above conclusions are marvelous indeed, and aside from their chemical and medico-legal interest, give to the animal alkaloids certain toxicological possibilities of startling significance.

One of the questions which would seem to have received especial light through these investigations is that of the venomous quality of saliva in men and animals under certain conditions, a fact alluded to by the elder Pliny in his comments upon the habits of certain snake-charmers (the Psylli), and recently noted by Pasteur. However, under the hypothesis above suggested, that the difference between the human saliva and snake poison is one of degree only, it would be difficult to explain why the saliva of fasting men should be fatal to serpents when put in their mouths, as was claimed by Pliny. That decaying animal food should so often prove poisonous is made clear by this discovery, and it would seem that the consumers of Limburger cheese, and what is called "high game," might here take timely warning as to the danger of their favorite gastronomic diversion.

The above points by the way; but what shall we do with the statement that *fresh normal saliva contains these toxic alkaloids*, and that

they are also found in peptone made by the action of the gastric juice on pure fibrin? If these statements be true, then more truly than ever may it be said that we carry within us the elements of our own destruction, since every man must, during or after a normal digestion, take into his blood a deadly poison, which, through any defect in his eliminative apparatus, may seriously impair his health if it does not cost him his life.

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Conversations upon the Physical and Mental Hygiene of Girlhood; with a Supplement upon What Constitutes the True Woman. By Thos. S. Powell, M. D., Professor of Obstetrics and Diseases of Women and Children, and Lecturer on Medical Ethics, and Medical Literature in the Southern Medical College, Atlanta, Ga. Reprint. 1881.

International Review of Medical and Surgical Technics. Vol. 1, No. 1. Official Organ of the American Association of the Red Cross, published quarterly. Edited by Joseph H. Warren, A. M., M. D., Charles Everett Warren, M.D., and Willard Everett Smith, M. D. Boston, Mass., U. S. A.: Published by the International Medical Exchange, 51 Union Park.

This journal is a handsome quarto of one hundred and thirty pages, ably edited and full of valuable matter pertaining to the special department of medicine which it essays to represent. We welcome the new-comer among our exchanges, and wish it long life, with an ever-widening sphere of usefulness.

PROVIDENTIAL(?).—During the gale which swept over England on the evening of the 11th instant, a surgeon in a suburb of Manchester was setting the leg of a lady, fractured by the fall of a part of the house, when another portion of the building fell and broke the unfortunate gentleman's thigh.

FOUR thousand persons are said to have commited suicide last year in Paris, France.

Correspondence.

SOME MORE OBSERVATIONS ON THE PATHOLOGY OF PREGNANCY-VOMITING.

Editors Louisville Medical News:

Who essays to criticise the teaching of others, can not reasonably demur at being subjected to the like himself. I accept in good part the effort of Dr. Hachenberg in the NEWS of January 12th anent my article of December 1, 1883, in the same journal, on the pathology of pregnancy-vomiting, questioning the validity of the views put forth by some eminent teachers therein named. But while *accepting* it in good part, I *except* to some portions of it as not correctly representing my positions. The doctor says, that "after rejecting all the various theories advocated by the most distinguished gynecologists as to the cause of" pregnancy-vomiting, "I bring forth my own." I submit that this is not a fair statement of the position taken in my paper. The point I undertook to make was, that when certain eminent writers mentioned put forward a theory, each for himself, and nearly all of them differing each from the other, that some *disease* of the womb, or some malposition of the organ, or some contraction of the canal, some *pathological* condition or other was *the* cause of pregnancy-vomiting—meaning thereby that all, or the great majority, of the cases of vomiting during gestation are the results of disease of some form or other about the uterus—that they were teaching what was not true; and that, on the contrary, while it might be admitted that the theories of Hewitt, Barnes, Bennett, Sims, and others were justifiable in certain cases (but these only a comparatively small minority of the total), "the *predominating* potentiality of vomiting in pregnant women is the pregnancy itself." "Flexion or malposition of the uterus" (Hewitt) may be a cause of the stomach trouble—*the* cause—in given cases; "inflammation of the cervix" (Bennett) may be a or the cause in other given cases; "induration of cervix or contraction of the canal" (Copeman) may be a or the cause in other given cases; but when it is taught, or when it is left to be inferred as taught, that any one of the conditions mentioned is especially *the* cause, as a rule (as has certainly been left by the writers to be inferred), of pregnancy-vomiting, then that teaching is erroneous and calculated to lead the student in obstetrics astray. Until reading the criticism of Dr. Hachenberg I had been egotistical enough to suppose that the points in my paper were lucid enough to be generally comprehended, even if they were not agreed with; and the egotism to that extent had been fortified by several letters of commendation from men in the profession whom I have heretofore supposed to be possessed of good sense and respectable discrimination; but *since* reading Dr. H.—well, perhaps the paper was too muddy for him!

The doctor asks, with reference to the postulate, the predominating potentiality of pregnancy-vomiting is the pregnancy itself, "Is it not strange that Burns, Penman, Churchill, Dewees, Ramsbotham, Marion Sims, Henry Bennett, and the other great gynecologists he so unmercifully criticised have never thought of this?" In answer, none of the five first named were criticised at all in my paper, nor was any attempt made to criticise them. Secondly, what I gave from Burns in relation to the pathology of pregnancy-vomiting—"Vomiting is a very frequent *effect* of pregnancy;" from Penman—"Sympathy which one organ has with disturbance in another;" from Blundell—"One of the diseases of which pregnancy is the cause;" from Churchill—"Intimate sympathy between the uterus and the stomach," all show as plainly as is possible to be shown that they *did* think of exactly the same thing that my postulate expressed. The language used in my paper was simply the putting of the thought or theory in a different form of words. There was no attempt in the article to advance any thing new, the object was rather to fortify the position of the older writers as in opposition to the several different theories propounded by some newer lights in relation to *the* pathology of pregnancy-vomiting. So far, then, from there being any thing strange in the older writers mentioned never having "thought of this," it would be much more pertinent to wonder that none of them ever thought, or at least never gave utterance to the thought, that either "flexion and malposition of the uterus," "extreme extension of the organ," "inflammation of the cervix," "hyperesthetic condition of the neck," "congestion or granular erosion of the cervix," "induration of the cervix and contraction of the canal," or any other pet theory, as being *the* cause particularly and especially, as some of the more modern writers have done.

Dr. H. tells us that, in taking up the theory I endeavored to elucidate, "there are several strong points not in its favor." The chief of these he puts in this question: "If the predominating potentiality of vomiting in pregnant women was pregnancy itself, why is it that so many pregnant women never manifest this symptom?" Evidently this is designed for a stumper. It is no impeachment of the intellectual acumen or the professional knowledge of any man to admit that almost any one can ask him plenty of questions he can not satisfactorily answer. When one gets where he is ready to acknowledge that there are a great many phenomena manifested in the human system, in health as well as in disease, the exact reasons for which he is profoundly ignorant of, he can congratulate himself on having reached a common-sense position. I am very ready to admit that the question of the doctor is quite beyond my ability of satisfactory reply. Having made this admission, will the doctor allow himself to be put on the witness-stand in turn? If the cause of vomiting in pregnant women is flexion or malposition of the uterus (Hewitt) why is it that some pregnant women having trouble of that sort never manifest the symptoms of vomiting? If the cause is inflammation of the cervix (Bennett), why do n't every pregnant woman who has an inflamed cervix spit up her breakfast? If the cause is a hyperesthetic condition of the neck (Sims) or congestion, or granular erosion (Jones), or induration and contraction of the canal (Copeman), why do n't *every* pregnant woman carrying any one of these abnormal conditions manifest the symptoms of morning sickness? If the sight of blood almost invariably makes one man faint away, why is it that so many other men see blood often but *never* faint away? Why is it that some women will always go into semi-hysterics at the sight of a mouse, while some other women never manifest that symptom at the sight of a mouse? If a rusty nail stuck into the heel of a man's foot causes lockjaw why don't every man have lockjaw who gets a rusty nail in the heel of the foot? The facts *are: why* they are, is not so easy to answer as to ask.

I say the facts *are*. It is true that some pregnant women who are troubled, less or more, with vomiting, have some one of the diseases of the uterus or its neck, or of the malpositions or other abnormal conditions of the organ mentioned by the eminent authorities I had the effrontery to criticise. It is also true that some other pregnant women having some one of the same diseased or abnormal conditions never manifest the symptom of vomiting. *Why* that is so I do n't know, I simply know the fact. It is also true that some women—a great many of them—have some one of the diseases or abnormal conditions mentioned, some of them for months without any stomach trouble; but directly after they have taken an embryo on the stocks they begin to spit up their daily breakfast. Is the *cause* here the previously existing pathological condition, or is it the added physiological condition of pregnancy? The eminent authorities, whose dictum I called in question, would likely say it was the pathological trouble, despite which the observing physician, though he be not an eminent authority, is justified in entertaining the more rational opinion, that the added physiological condition is fairly chargeable as cause, and especially so if the incontrovertible logic is backed by a personal experience more reliable for him than can be the experience of any other person, howsoever eminent he be. It is further true that a great many women, for a longer or shorter period of gestation, are troubled with the morning sickness who have no disease of the uterus or its appendages, no abnormal condition whatever, not any one of the troubles mentioned, and in this class is the great majority of the aggregate of those pregnant women who vomit. What is most rational to say of these in regard to the *cause?* Clearly, "effect of pregnancy"—Burns; "sympathy which one organ has with another"—Penman; "disease of which pregnancy is the cause"—Blundell; "intimate sympathy between the uterus and stomach"—Churchill; repeating my own language, "the potentiality is the pregnancy itself."

It is scarcely necessary to go over all the ground traveled in the former paper on this subject to the end of establishing the positions taken in it. Instead, let us make note of some things that come to our observation in intercourse with patients and their acquaintances. It is not an infrequent experience for the medical man to encounter some elderly lady of his neighborhood, who, with a knowing look in the corner of her eye, will want to know what is the matter with Mrs. Dolby. Tell her you do n't know, and she will reply, "Well, I know. She was in here yesterday telling me she had been sick at the stomach every morning for the last week. Humph! I know

what is the matter. I told her to wait nine months, and she 'd find out. It 's just as I used to be every time; I could always tell when I set out, just because of the vomiting. I 've had seven children, and it was always so; I ought to know about it. I told her she need n't be frightened; it would come all right nine months from now." And a week or so short of nine months it does come out all right, and Mrs. Dolby sends for you to attend her in confinement. Just that sort of thing is happening every day, here or there. Plenty of women date their "start" from the appearance of the morning sickness, and date it correctly. They never had the morning sickness before; and three out of four of them have n't any disease of the generative organs whatever. What is the legitimate deduction here? Simply this: the woman has become enceinte, and a *consequence*—not an invariable, but an often consequence—is that she begins to suffer from morning retchings.

To return to the purpose of the original paper. Its object was to controvert the fallacy involved, directly or by implication, in teaching that the vomiting of pregnancy was chiefly to be attributed to some disease of the organs of generation; and to measurably counteract the impression likely to obtain with students in medicine as an effect of that fallacious teaching, that all cases of pregnancy-vomiting, to the end of being successfully wrestled with, must be subjected to special gynecological treatment. Somewhere in my miscellaneous reading, since the paper of December 1st was written, I have noticed it stated in effect that it was likely to prove true that all cases of vomiting in pregnancy were the results of some uterine disease. The opinion thus expressed was doubtless based on the promulgation of the theories we have been calling in question. That view is erroneous; being erroneous, it should be corrected; and it is the more important that it be corrected because it emanates from "authorities." If it were from some ordinary person—perhaps our friend Dr. Hachenberg, or the still more ordinary individual, the writer hereof—the amount of mischief resulting would be comparatively infinitesimal, the source would not weight it with much influence; but when eminent men in the profession promulgate error, the resulting mischief may be incalculable. Thousands of ordinary practitioners throughout the country encounter less or more cases of pregnancy-vomiting in every year of their practice, and treat the larger share of them successfully by some simple medication. Were these cases dependent upon uterine leisons or abnormalities, such as the *authorities* have mentioned, the resulting stomach trouble would not succumb to that simple medication so often eminently satisfactory. RUFUS W. GRISWOLD.

ROCKY HILL, CONN.

Editors Louisville Medical News:

With your permission I report another remedy for rhus-poisoning. I allude to chloroform applied locally with palm of the hand or a piece of brown paper. Rhus-poisoning is very common here, and until eighteen months ago I continued to try the numerous remedies to be found in text-books with little satisfaction to either myself or patient, but since that time I have never used any thing but chloroform, and have always found one or two applications entirely sufficient to relieve the itching and destroy the poison if applied in the first stage. S. T. TURNER.

DEPORT, LAMAR COUNTY, TEXAS.

Selections.

ON THE TREATMENT OF HAY FEVER AND ALLIED DISORDERS.—In a very valuable paper on this subject in the American Journal of the Medical Sciences for January, 1884, Dr. Harrison Allen claims that the means of effecting the cure of this hitherto considered incurable disease is simply to overcome the tendency to obstruction in the nasal chambers.

The symptoms of hay fever are always associated with some degree of obstruction of one or both nasal chambers. A cause of this obstruction is dilatation of the blood-vessels. There is no doubt that the local phenomena are in most instances the same, and that the multiform related symptoms, such as injection of the eye, headache, malaise, asthma, etc., are due to reflex vaso-motor disturbances. But many patients report for treatment who exhibit swelling of the nasal mucous membrane, occlusion of the respiratory passages, and mucoid or semi-purulent discharge, without any of the related reflex phenomena. Yet a third and intermediate group exhibit perhaps a tendency to turgescence of the mucous membrane, together with one or more of the

more common constitutional symptoms of typical hay fever. Indeed, there is nothing peculiar to the disease just named save its sharply defined periodicity, particularly in that phase of it where the periods of recurrence happen to coincide with the time of fruitage of certain plants, or the gathering of certain crops. In a small group of cases, where, in addition, other signs and symptoms become prominent which would invalidate the above proposition, Dr. Allen is inclined to attribute them to mental impression—in some of the varied phases of hysterical or neurotic excitement.

Or the case may be stated in different language, as follows: In an imperfectly defined group of cases of nasal catarrh, a sensation of sudden obstruction of one or both nasal chambers is a conspicuous symptom. This sensation is accompanied by a constant change in the chambers themselves, viz., engorgement of the membranes over the turbinated bones, producing pressure against the septum and occlusion of the respiratory passages of the nose. The sensations are recurrent, but vary greatly as to the time of the day or the season of their return. With some patients they are nocturnal, and are associated with the recumbent position; with others they occur after meals only; with some they occur in the summer season; with others, yet again, in the winter. The sensations may be confined to either chamber, or be present in both. In aggravated cases they are associated with numerous reflex symptoms, among which may be mentioned lachrymation and hyperesthesia of the conjunctiva, headache, and asthma. Patients having a disposition to obstruction during the summer and autumn report themselves as suffering from "hay fever;" while those having alternating attacks in the right and left chambers report with "nasal catarrh."

The cases so far studied exhibit one feature in common, viz., that the inferior turbinated bones lie well above the plane of the floor of the nasal vestibule. In many persons, not the subjects of "hay fever" and allied disorders, the lower free portion, including, of course, the inferior border of the bone, lies below the plane of the floor of the nasal vestibule; and in ordinary inspection the inferior meatus is out of sight. It will thus be seen that the mucous membrane, which is known to be the most erectile, is also the most exposed to irritation from extraneous substances, and to changes in the temperature of the surrounding air.

The conclusions to be drawn from the study of the six cases reported by Dr. Allen may be summarized briefly as follows:

1. That the treatment of all conditions of obstruction in the nasal chambers, no matter from what cause arising, can be successfully carried out by destroying the causes of obstruction. If the cause be an overgrowth of bone-tissue, it must be filed, sawed, or drilled away. If it be caused by a deviated cartilaginous portion of the septum, such portion must be re-set in a new place. If, as is often the case, it is due to periodic turgescence of the mucous membrane or the resulting secondary hypertrophies, such growths must be destroyed, either by the galvano-cautery, by the snare, or by caustic acids.

2. That the treatment of hay fever and allied periodically recurring nasal affections in no way differs from the treatment of other nasal diseases accompanied by obstruction, and that the treatment may be conducted during an attack as well as in the intervals between any two attacks.

TWO FATAL CASES OF DIABETES MELLITUS IN CHILDREN.—Leonard Weber, M.D., of New York, says: Diabetes mellitus is not often met with in infantile life. The following cases, interesting also from an etiological point of view, deserve to be placed on record:

Louisa W., seven years old, comparatively well-developed, with no hereditary taint, as far as could be ascertained, but of nervous temperament, was ordered to take of a mixture, containing one dram of bromide of potassium to seven ounces of water, a tablespoonful every two hours. Through some mistake one ounce of the salt instead of one dram was put in the above quantity of water, and the child took the whole of it in the course of two days.

She got over the acute symptoms of bromism, but, about a month later, her parents noticed that she was unusually thirsty and passed large quantities of urine.

When I saw patient first, three months after the overdose of bromide of potassium, she presented all the clinical symptoms of diabetes mellitus, the urine showing a specific gravity of 1.030, and containing sugar. She voided about a gallon per day. In the course of the next three months she grew quite thin and pale, the diuresis increased to six quarts daily, and albumen began to appear in the urine, its specific

gravity remaining about the same. Sugar and albumen continued to be present together up to the time of the patient's death, which occurred twelve months after the poisoning.

Autopsy: Body emaciated; abdomen moderately tympanitic. Thorax: In the right pleural cavity about two ounces of bloody serum, no adhesions; right lung normal, except some hypostasis in lower lobe posteriorly; some serous exudation in left pleural cavity, adhesions between pulmonal and diaphragmal pleura and upper and lower lobes; edema of pulmonary tissue; two enlarged and calcified bronchial glands. Heart: Left ventricle hypertrophied; fibrinous clot in right chamber; valves normal. Abdomen: Liver almost double the normal size; its peritoneal surface smooth, yellowish-red, and moderately injected; parenchyma in a state of fatty degeneration. Ileum tympanitic, hyperemic; the colon normal. Bladder large; its walls thin. Left kidney a little larger than normal, with hard cicatricial retractions in its upper and lower circumference; the cortical substance of yellowish color, and in several places greatly reduced in diameter. The pelvis considerably widened, with cystoid enlargement of its upper portions. Right kidney reduced to the size of a large chestnut, with many cicatricial retractions. There is but a very thin layer of cortical substance left, and that in an advanced state of degeneration.

Clara P., fourteen years old, an intelligent and physically well-developed girl, with no hereditary taint, had scarlatina simplex when five years old. She was again taken with the disease when thirteen and one half years old. The case was well marked, accompanied by high fever, but otherwise uncomplicated, until the third week, when she had a mild attack of nephritis, which yielded to diaphoretic treatment. Two months later I was informed that Clara was not doing well. I found her afflicted with a grave form of diabetes mellitus. Her urine had a specific gravity from 1.035 to 1.038, and was passed in abundant quantities. The disease ran a very acute course, unaffected by any treatment; the patient became rapidly emaciated, developed the clinical signs of phthisis pulmonalis later on, and died completely exhausted, six months after the attack of scarlatina.—*American Journal of Obstetrics.*

On Death by Cold.—Dieberg has formulated some valuable conclusions on this subject as the result of his observations on the bodies of thirty-one persons who died by exposure to cold. He found in all these cases that the heart in all its cavities was distended with blood of a fluid consistency and deep color, with an occasional soft clot. He determined the relative fullness of the heart by weight, and shows that although many of the victims of frost may be supposed to have been intoxicated when they became chilled, alcohol was not the cause of the death, because in cases of fatal alcoholism alone, without the intervention of cold, he found the weight of the blood contained in the heart to be nearly four times less than in the others.

In explanation of the cause or manner of death in these instances the author states that under the effect of cold the tissues and the vessels undergo a contraction which is in proportion to the temperature depression; that the more superficial and thus the more exposed the vessels are the greater also will be their contraction; that according as the exposure to the cold is prolonged the contraction will progress from the periphery to the center; that the heart will be able to send only a limited amount of blood forward into the vessels, the latter being unable to receive the normal supply; that, the lungs continuing their functions, still further supplies of blood are forced in upon the heart, and finally the arrest of that organ is effected, and death by syncope results.

This theory is in accord with facts observed by persons who have survived exposure to a very low temperature. In the report of his voyage to the North Pole Wrangel relates that when the thermometer on one day registered—53° C. every one suffered from headache, tinnitus aurium, subjective optic symptoms, and especially an extremely violent sense of weight and discomfort, indications apparently of circulatory disturbances.

Dieberg believes that death by cold is really due to syncope rather than, as Lesser and Hofmann have held, to asphyxia. In asphyxia one finds at the autopsy dark fluid blood, engorgement of the large veins and the right side of the heart, hyperemia of the lungs and other organs, punctate hemorrhages in the serous and mucous membranes. But in death by cold the blood is not always or wholly fluid; it contains clots, especially in the heart. Moreover, its color, instead of being very dark as in asphyxia, is of a brighter hue. Distension

of the large veins is not observed, and in the heart the blood is equally distributed in the cavities, and is not found in relatively increased amount in the right side.

The author summarizes his conclusions thus: If, he writes, on making an autopsy upon a frozen cadaver one finds no appreciable lesions to account for the death, but discovers the heart engorged with blood in all its parts, he may declare that the individual was exposed to cold while still living, and that the cold was the cause of the death. If, on the other hand, the heart is empty of blood, the examiner may conclude that the person was already dead when exposed to the cold, and that another cause of death must be sought for.—*Boston Medical and Surgical Journal.*

A Case of Supposed Dislocation of the Tendon of the Long Head of the Biceps Muscle.—In the American Journal of the Medical Sciences for January, 1884, Dr. J. William White records a case of this very rare form of luxation, and reviews the history of the few other cases in which this accident is supposed to have occurred. He finds that the recorded evidence of the occurrence of dislocation of the tendon of the long head of the biceps muscle may be divided into two general classes: (1) The reports of clinical cases in which certain symptoms were referred by the writers to this displacement, but in which its existence was not otherwise confirmed. (2) The reports of cases in which the tendon of the biceps was found luxated at an autopsy, or during a dissection, but in many of which no clinical history was obtainable. The study of the literature of the cases recorded leads to the conclusion that although for more than a hundred years cases of supposed luxation of the tendon of the long head of the biceps muscle have been reported or alluded to by surgical writers, yet they have been so poorly observed or so carelessly described, that they fail altogether to carry conviction, the one case (Soden's) which possesses any strong element of probability being itself open to reasonable doubt.

The symptoms in Dr. White's own case, which led him to the conviction that there had been true traumatic luxation of the bicipital tendon, may be enumerated as follows: (1) The recognition of the bicipital groove, empty, which, if its existence be admitted, is pathognomonic. (2) Recognition of the tendon itself. (3) The inward rotation of the arm. (4) A slight depression under the tip of the acromion, a prominence of the shoulder in front, and a flattening behind. (5) Diminution in the vertical circumference of the shoulder. (6) Shortening of the arm as measured from the tip of the acromion to the external condyle. (7) Elevation of shoulder, tilting up of acromion, and elongation and narrowing of axilla when the arm was carried upward. (8) The peculiar depression situated over the bicipital groove. (9) The line of ecchymosis following and strictly limited to the course of the biceps muscle. (10) A creak or "squeak," heard distinctly on carrying the elbow away from the side. (11) Flexion of the forearm on the arm was painful, the pain being sharp, lancinating, and felt at the front of the shoulder; flexion during supination was much more painful than flexion during pronation. (12) When extension of the forearm was attempted, a tense line along the edge of the biceps could be both felt and seen. (13) The pain felt over the joint was also felt along the line of the biceps as far as its insertion, and the patient still has a "drawing" sensation over that region. (14) The arm was preternaturally mobile for some time after the accident. (15) The position of the patient after the accident. (16) The character of the force producing the difficulty. The rationale of these symptoms is very fully explained.

Treatment of Hysteria.—In accordance with the view that hysteria is a psychical disease, Liebermeister (*Volkmann's Sammlung*), makes the following observations concerning its treatment, which we extract from a translation by A. F. C., in the American Journal of Obstetrics: The treatment must be, to a great extent, psychical, but this does not imply a disregard of other means, especially when there is evident disease of any of the organs or parts. The etymology of the word hysteria (*ὑστέρα*, the uterus) of course, implies disease of a particular organ, but it is often the case that no disease of the uterus can be made out. On the other hand, hysteria may be cured, and yet disease of the uterus or the other genital organs remain. Castration, and removal of the clitoris, are quite disapproved of by the author, when they are to be performed in order to cure hysteria; and rather faint praise is given to other gynecological treatment for this purpose. As the general condition of the patient improves, the hysteria is likely to improve also. Change of residence, certain water-cures,

baths, exercise, etc., are recommended, and directions are given which are suited to particular types of the disease. Among psychical instrumentalities, the author recommends the provocation of joy and hope. Hypnotism, which is advocated by some, is calculated, in the author's opinion, rather to excite than to cure hysteria. Inherited tendency and education are always to be regarded in a consideration of the prophylaxis of the disease, and if self-control and a sense of responsibility in regard to duties to be performed can be inculcated, the result will be a satisfactory one. The more striking phenomena will call for special treatment. If the attacks take the form of spasms, ecstacy, or somnambulism, consciousness will be only partially abolished, and in this fact will lie the differentiation from actual disease, though hysteria and the disease which it simulates may co-exist. For the treatment of such attacks, cold water poured over the surface of the body is recommended. The induction current is also a useful instrumentality. Aborting a first attack may also result in cutting short the disease, or, at least, in delaying it. Metallo-therapy has been tried by the author in the treatment of hysterical anesthesia, but its effect, if any, is thought to be only upon the imagination. One of the main elements in successful treatment consists in gaining the entire confidence of the patient, and another in causing her to abandon the habit of brooding over herself and her condition. Medication is usually superfluous.

Cholera in India.—The following deductions have been arrived at by Dr. C. Little, the Sanitary Commissioner of the Hyderabad Assigned Districts, after a careful review of the circumstances attending the prevalence of cholera there during 1882 and previous years: That, after one or more years of comparative immunity from cholera, a severe outbreak or new epidemic invasion of the disease occurs, and that, in cholera-years, the epidemic usually appears coincidently with the advent of the south-west monsoon, reaches its height in August, when the subsoil-water is at its highest, and dies out during the cold weather months, or before the setting in of the hot weather; that the invasion of one year becomes revitalized the year following, and then dies a natural death; or, in other words, that the lifetime of each new outbreak is two years. The first outbreaks are, he adds, invariably associated with filth, a damp subsoil, and a polluted water-supply, contaminated with animal excrement. Putting aside all theories as to the origin and propagation of cholera, it must be admitted, Dr. Little observes, in the light of these facts, that cleanliness, pure air, pure water, and good drainage, are the most likely preventives that can be employed against this terrible disease, which, once it has seized upon the human body, runs its own course, irrespective of any known remedy or reputed specific. No doubt, much may be done for a cholera patient by proper care and nursing, with all practical treatment for the relief of urgent symptoms; but, notwithstanding all the theoretical methods which have from time to time appeared, we are, Dr. Little thinks, as far as ever from possessing a specific cure for the disease.—*British Medical Journal.*

Anatomy, Physiology, and Pathology of the Os Uteri Internum.—Dr. Henry Bennet said (Obstetrical Society of London) that he had, in 1849, drawn attention to the existence of a muscular sphincter at the os uteri internum, and this, like all sphincters, was closed when at rest. This fact was accepted by many at the time, but now seemed to have passed out of mind. It had a most important bearing on uterine therapeutics. The ordinary physiological closed state of this sphincter offered resistance to the passage of the metallic sound; but a small wax bougie could be passed through it. By the use of such bougies he had, in 1846, discovered that the cavity of the uterus was not straight, but had an anterior concavity. This sphincter was no doubt greatly developed by pregnancy. It opened slightly before, during, and after menstruation, and probably during sexual congress. It was relaxed by disease, such as fibroids, chronic uterine inflammation, endometritis. The easy passage of the sound was therefore an indication of a morbid rather than of a healthy condition of the uterus. This fact had an important bearing on the theory and treatment of sterility. If a closed os uteri were presumed to be a morbid condition, then nearly all healthy young women who were examined would be erroneously considered to require surgical treatment.

Bromide of Ethyl in Obstetrics.—Mueller, of Berne (German Gynecological Society): Following in the wake of the

experiments repeatedly made of late (especially by Heckermann, of Berlin, fifty cases), the author has employed ethyl bromide in twenty-two cases of labor. The results were not as favorable as those obtained by H. The action is uncertain. He employed it thirteen times in the second stage. In five of these cases the labor-pains ceased altogether; in three, they ceased in part; in five, no effect was produced. The drug was used eight times during the whole course of labor: in two the effect was very good; in four the effect was temporary; in two the pains were obtunded only in the first stage. On the average, fifty to sixty grams of the drug were employed. During the narcosis the pupils dilated and the face became congested. Little effect was produced on the pulse and respiration. He believes that the retardation in the activity of the contractions is merely apparent. He has witnessed no post-partum hemorrhages and no mal-involution of the uterus.

Quite noteworthy is the fact that a very severe bronchitis set in during the puerperal state in two of the cases. The purity of the drug was established by chemical examination. Perhaps the quantity employed (eighty grams) was too large.—*Am. Jour. of Obstetrics.*

Proportions of the Sexes.—The new census-figures giving the relative proportions of the sexes are very striking. Out of a total population of twenty-six millions, females are in excess of males to the extent of nearly seven hundred thousand. Yet, at birth, the males are in a majority. Within a year, the balance turns the other way, and so continues until the period between ten and fifteen years of age, when the males are again the greater number. But the ascendency is only temporary; and, in the next five years, the strength of numbers is with the female sex, who retain this position until the close. In the advanced periods of life, the numerical superiority of the gentler sex is especially manifest. At the age of ninety-five and upward, we find the females more than twice as numerous as the males; while of the one hundred and forty-one persons who are recorded as having attained the age of one hundred and upward, ninety-seven, or sixty-eight per cent are females.—*British Medical Journal.*

Nervous Disturbances from Indigestion.—Professor Henoch, of Berlin, relates, in the *Wien. Med. Blätter*, some cases which occurred in his practice, in which various psychical and nervous symptoms resulted from indigestion. One little girl, three years of age, became aphasic suddenly, and when seen an hour afterward was not able to utter a word, except a cry on being pinched. Speech returned soon afterward, immediately on the child vomiting a cherry which had been swallowed without being chewed. One or two other similar cases, which he describes, have occurred; and the pulse is generally somewhat retarded, but is never irregular, as it is in commencing meningitis, for which this condition might be mistaken. In one case paralytic symptoms followed the disappearance of the psychical. An emetic seems to be the remedy indicated, as improvement always followed the emptying of the stomach.—*Medical Record.*

A Case of Ainhum.—In the American Journal of the Medical Sciences for January, 1884, Dr. L. A. Duhring reports a case of ainhum, of which but few have been reported in our country. Its geographical distribution includes chiefly the West Coast of Africa, and certain countries in South America, more particularly Bahia, Rio de Janeiro, and Buenos Ayres. As the disease becomes better known it will, doubtless, be found that it is met with throughout our Southern States, though, probably, as one of the rarer diseases. Appended to the paper is an exhaustive study of the microscopic appearances.

Deafness Caused by Pressure on the Ears.—Narrowing of the external auditory canal from cracks in the cartilaginous portion is a recognized cause of deafness, apart from the liability to which it gives rise of the retention and accumulation of cerumen. Dr. Moure has seen this narrowing caused by the pressure of a handkerchief worn over the head and tied closely under the chin, which forms the head-dress worn by the peasant women in some districts. Deafness produced in the same way is not uncommon in nuns who wear the *cornette* pressing tightly against the pavilion of the ear. The treatment of this condition consists in gradual dilatation by means of laminaria tents.—*Medical Record.*

The Action of Napelline in a Case of Facial Neuralgia.—Dr. Grognot, of Milly, relates the history of a patient, a young unmarried woman, who was in perfect health except for a severe form of neuralgia affect-

ing the first and second branches of the trigeminus. The pain was worse at about the menstrual period, although this function was performed normally. The pain was worse on the right side, and there were painful points. She had taken various drugs, including "aconitine cristillisée," but without relief. Grognot prescribed napelline, in pills of one tenth of a milligram every two hours. The relief was very rapid and permanent.—*Bulletin General de Therapeutique.*

TRISMUS NASCENTIUM, OR THE LOCKJAW OF INFANTS, ITS HISTORY, CAUSE, PREVENTION, AND CURE.—In an elaborate paper on this subject in the American Journal of the Medical Sciences for January, 1884, Dr. J. F. Hartigan supports the theory advanced by the late Dr. Marion. Sims, that the symptoms are due to the effects of mechanical pressure on the brain by displacement of the occipital or parietal bones as the result generally of decubitus, and that they may be relieved simply by rectifying this abnormal displacement, often by change of position in lying alone.

HOUR-GLASS CONTRACTION OF STOMACH. CONGENITAL.—J. H. Musser, M. D., said to the Philadelphia Pathological Society: The patient, an adult, from whom I removed this stomach, died of organic heart-disease. Constant vomiting occurred a few months before death, but as a consequence of the general condition of the patient, and not on account of the gastric change. I call the appearance congenital because of the absence in the clinical history of any occurrence throughout life to have caused it, and of the want of evidence on post-mortem inspection. The contraction took place in the center, and was transverse. The peritoneum and submucous connective tissue were thickened at this point. Anterior to the constriction the muscular coating was hypertrophied. The mucous membrane was thrown into folds by the constriction.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from January 19, 1884, to January 26, 1884. No changes.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, October 1, 1883, to December 31, 1883.

Bailhache, P. H., Surgeon, relieved from duty at Cape Charles Quarantine Station, October 13, 1883. Detailed as member of Board to examine candidate for promotion October 30, 1883. Granted leave of absence for thirty days, November 27, 1883. *Hutton, W. H. H.*, Surgeon, granted leave of absence for twenty days, October 1, 1883. *Wyman, Walter*, Surgeon, detailed as member of Board, to examine candidate for promotion, October 30, 1883. To proceed to Norfolk, Va., to investigate the conduct of the service at that port, December 31, 1883. *Long, W. H.*, Surgeon, leave of absence extended ten days, October 26, 1883. *Murray, R. D.*, Surgeon, to proceed to Ship Island Quarantine Station, October 17, 1883. To inspect sites for quarantine stations, November 30, 1883. Granted leave of absence for twenty days, December 18, 1883. *Smith, Henry*, Surgeon, granted leave of absence for twenty-five days on account of sickness, October 13, 1883. Relieved from duty at Norfolk, Va., October 17, 1883. To report to Surgeon Sawtelle, at New York for temporary duty, November 27, 1883. Relieved from temporary duty at New York, and placed on waiting orders, December 31, 1883. *Fisher, J. C.*, Passed Assistant Surgeon. When relieved by Assistant Surgeon Banks, to proceed to New York for duty, October 29, 1883. Granted leave of absence for thirty days, November 28, 1883. *Goldsborough, C. B.*, Passed Assistant Surgeon, granted leaves of absence for thirty-two days on account of sickness, October 12, October 20, and November 1, 1883. *Irwin, Fairfax*, Passed Assistant Surgeon, to proceed to Norfolk, Va., and assume charge of the service, relieving Assistant Surgeon Glennan, October 16, 1883. *Mead, F. W.*, Passed Assistant Surgeon, to proceed to Portland, Oregon, inspect the service, and report the condition of Assistant Surgeon Devan, December 5, 1883. To return to station, Port Townsend, W. T., December 18, 1883. *Cooke, H. P.*, Passed Assistant Surgeon, to proceed to Charleston, S. C. for duty, November 27, 1883. *Banks, C. E.*, Assistant Surgeon, detailed for temporary duty at Georgetown, D. C., October 11, 1883. Granted leave of absence for thirty days, October 12, 1883. *Bennett, P. H.*, Assistant Surgeon, placed on waiting orders, December 15, 1883. Granted leave of absence for thirty days, December 22, 1883. Upon expiration of leave of absence to proceed to Detroit, Mich., for duty, December 29, 1883. *Peckham, C. T.*, Assistant Surgeon, to proceed to Wilmington, N. C., and assume charge of the service, relieving Passed Assistant Surgeon Irwin, October 16, 1883. *Devan, S. C.*, Assistant Surgeon, granted leaves of absence for ninety-five days, on account of injury and sickness resulting therefrom, November 15, December 5, and 22, 1883. *Bevan, A. D.*, Assistant Surgeon, to proceed to Portland, Oregon, and assume charge of the service, December 29, 1883. *Glennan, A. H.*, Assistant Surgeon, to proceed to New Orleans, La., for duty, October 17, 1883. *Wasdin, Eugene*, Assistant Surgeon, to proceed to Mobile, Ala., for temporary duty, October 11, 1883. To proceed to Galveston, Texas, for temporary duty, November 17, 1883.

PROMOTIONS.—*Benson, J. A.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from October 1, 1883, October 4, 1883. *Banks, C. E.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from November 1, 1883, November 6, 1883.